



**Player Consent Form**

**You must have a completed consent form to participate in the session.  
If you are over 18 then you can sign your own consent.**

Athlete Name \_\_\_\_\_ D.O.B \_\_\_\_\_

I give consent for my child to attend the following session:

**GB U20 Trials  
Aylesford School  
Stratford Road  
Warwick, CV34 6LA  
01926 747100**

**8<sup>th</sup> and 9<sup>th</sup> of March 2014, 11:30am Saturday - 2pm Sunday**

I understand that the GB Ultimate organisation has arranged accommodation at the location below and I agree to her staying overnight with the team under supervision of GB Ultimate staff.

**Hampton Magna Community Centre  
Hampton Magna  
Warwick  
CV35 8RT**

I also understand that no bedding will be provided for my child and that they will be sleeping on the floor. All bedding and provisions must be provided by ourselves.

Name ..... Signature ..... Date ...../...../.....

**MEDICAL INFORMATION**

Details of any allergies (including hayfever) especially to food, medicines & drugs

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If you or your child is bringing an inhaler or other medication please mark it carefully and give details. [Please note coaches are unable to administer any medication so please ensure you / your child has the appropriate medication with them and is able to self administer.]

Any further details on medical/emotional conditions or treatments or any other information which you feel we should know about.

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**PAIN RELIEF CONSENT (Under 18's only)**

I give my permission for my son/daughter to be given pain relief by UK Ultimate coaches should he/she require it during the event/competition.

He/she can have the following I.E. Paracetamol/Ibuprofen

Signature of Parent ..... Date ...../...../.....